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FAX COVER SHEET

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| FAX NUMBER: 571-273-8300 | FAX NUMBER: |
| DATE: 07/13/2007 | PHONE NUMBER: 702-917-5681 |
| RE: Amendment/Reply | TOTAL NO. OF PAGES INCLUDING COVER 7 |

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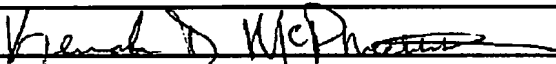
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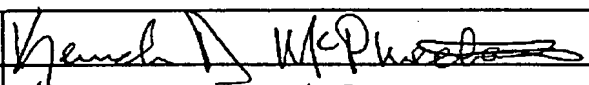
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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/622259 | |
| | Filing Date | 7/18/2003 | |
| | First Named Inventor | KENDRA D. MCPHEETERS | |
| | Art Unit | 1615 | |
| | Examiner Name | HASAN S. AHMED | |
| Total Number of Pages in This Submission | 7 | Attorney Docket Number | |

| ENCLOSURES (Check all that apply) | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <p style="text-align: center;">AMENDED CLAIMS</p> |
| Remarks | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm Name | | |
| Signature |  | |
| Printed name | KENDRA D. MCPHEETERS | |
| Date | 7/11/2007 | Reg. No. |

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| Signature |  | |
| Typed or printed name | KENDRA D. MCPHEETERS | Date 7/11/2007 |

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial Number: 10/622289

Appn. Filed: 07/18/2003

Applicant(s): Kendra D. McPheeters, Phillip A. Cornwell, Charles M. Cornwell

Appn. Title: One time use disposable styptic product

Examiner: Hasan S. Ahmed

Art Unit: 1615

AMENDMENT AND RESPONSE TO OFFICE ACTION

Commissioner for Patent
P.O. Box 1450
Alexandria, VA 22313-1450

To whom it may concern:

In response to the Office Action mailed June 22, 2007, please amend the above application as follows:

☒ DRAWINGS: The amended drawings are properly identified as requested.

☒ CLAIMS: The claims are shown with proper status identifiers as requested.